

S. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 162
Registered No. 229

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1205-B Frederick St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Beatriz Enriquez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

female

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth May 10 1930
Month Day Year

8.

FATHER

Full name

Antonio Enriquez

14.

MOTHER

Full maiden name

Julietta Garcia

9. Residence

(Usual place of abode)

Miami Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 29 (Years)

16. Color or race

Mexican

17. Age at last birthday 18 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Metairie

Arizona

13. Occupation

miner

Nature of Industry

Copper

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive at 11:24 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Jr. J. Muller

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

May 20 30

Registrar

Registrar

258-50-171